



Street Closure Permit Application

Block parties

Date _____

Applicant Name _____

Address _____ Phone _____

Organization _____ Auth. Rep. _____

<input type="checkbox"/>	Individual	<input type="checkbox"/>	D/B/A	<input type="checkbox"/>	Organ.	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Profit	<input type="checkbox"/>	Nonprofit
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Address _____ Phone _____

Residential Street Name _____

Location or portion of street desired to be closed: _____

On site contact on event day _____ Phone _____
(If different from Applicant)

Event date _____

Event set-up time _____ Event teardown time _____

The Permit shall not be granted for longer than six (6) hours. The event may not begin before 9:00 a.m. and must be completed by 10:00 p.m.

I do solemnly swear (or affirm) that all the answers given and statements made on this Application are full, true and correct to the best of my knowledge and beliefs. I have been given a copy of the ordinance and have read the provisions contained therein and agree to abide by them.

Applicant: _____

*****Office Use Only*****

Application # _____ Check # _____ Cash _____

Credit Card _____ Receipt # _____

Comments _____

Additional equipment or personnel:

Equipment _____ x barricades

Public Safety Personnel _____ x _____ = _____

Public Works Personnel _____ x _____ = _____

Total Additional Charges: _____

PETITION FOR CLOSURE OF

RESIDENTIAL STREET

The undersigned residents with property abutting the above-referenced street indicate their consent to the closure of such street between the hours of _____.m. and _____.m. Each person signing must be an adult and either an owner or resident. For purposes of this Petition, each lot or parcel shall have only one vote.

NAME	ADDRESS